



Module 4

Rules for the Road

Laws, Regulations, and Procedural Safeguards

Protecting the Innocent



“Our brains are sculpted by our early experiences. Maltreatment is a chisel that shapes a brain to contend with strife, but at the cost of deep, enduring wounds.” Teicher, 2000, p.67



Research related to brain development has greatly increased in recent years. The effects of abuse and neglect on the developing brain during infancy and early childhood are becoming better known and have implications for practice and policies related to infants and toddlers with disabilities.

“By the age of three, a baby’s brain has reached almost 90 percent of its adult size.” Perry, 2000c

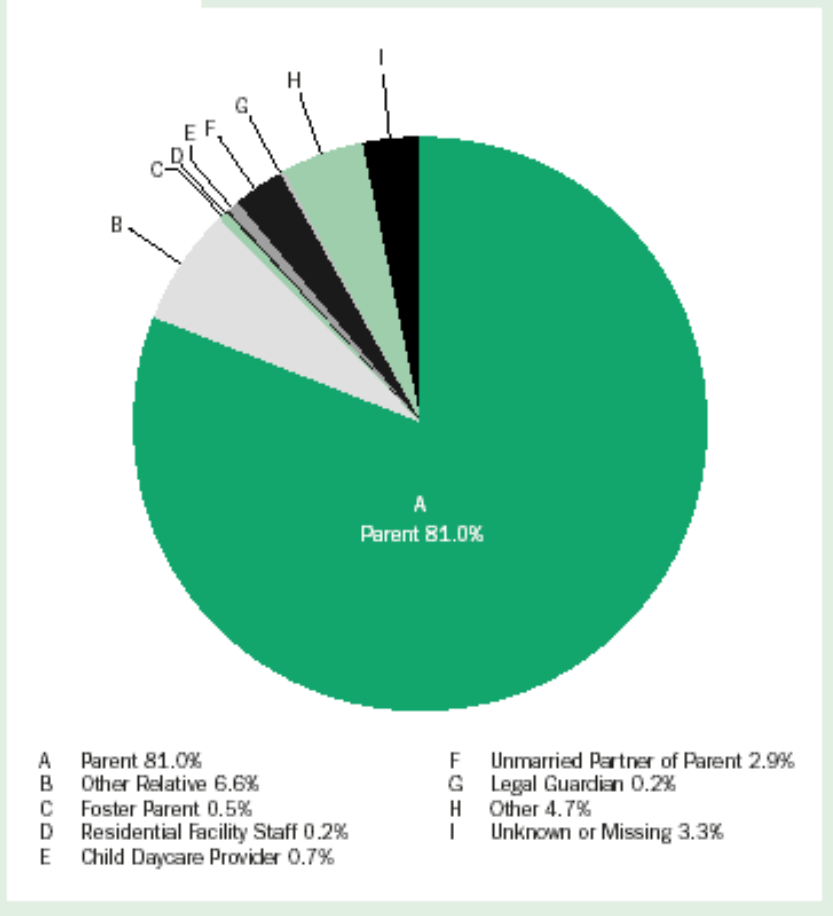


An estimated 896,000 children across the country were victims of abuse or neglect in 2002, according to national data released April 1, 2004 by the U.S. Department of Health and Human Services. HHS News, U.S. Department of Health and Human Services

"It is now clear that what a child experiences in the first years of life largely determines how his brain will develop and how he will interact with the world throughout his life." Ounce of Prevention Fund, 1996



Figure S-6 Perpetrators by Relationship to Victim, 2002



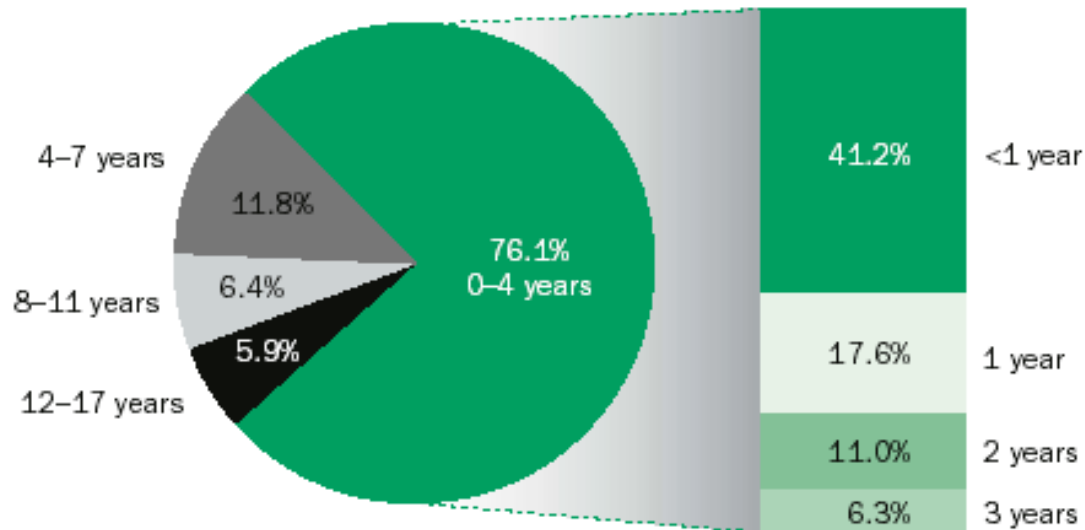
Child Maltreatment 2002

This pie chart depicts the percentage of perpetrator categories in relation to their victims. A parent accounted for 81 percent of perpetrators.

Child Maltreatment 2002. U.S. Department of Health & Human Services. Administration for Children & Families. Washington, DC. [Online]. Available: <http://www.acf.hhs.gov/programs/cb/publications/cm02/index.htm> Retrieved 2004, April 27].



Figure 4–1 Percentage of Child Fatalities by Age, 2002



Based on data from table 4-4. N=940

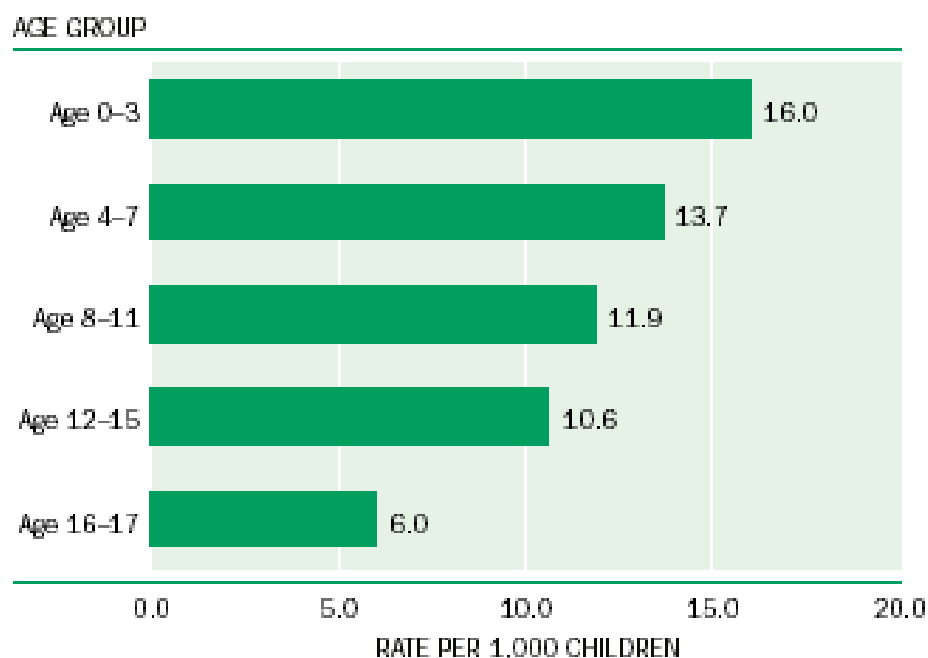
Child Maltreatment 2002

This pie chart shows that three-quarters (76.1%) of children who were killed were younger than 4 years of age...

Child Maltreatment 2002. U.S. Department of Health & Human Services. Administration for Children & Families. Washington, DC. [Online]. Available: <http://www.acf.hhs.gov/programs/cb/publications/cm02/index.htm> [Retrieved 2004, April 27].



Figure 3–4 Victimization Rates by Age Group, 2002



Based on data from table 3–8.

Birth to Three Year Olds Most Victimized

Child Maltreatment 2002

According to this chart, the most largely victimized age group is the youngest, with a rate of 16.0 per 1,000 children of the same age group.

Child Maltreatment 2002. U.S. Department of Health & Human Services. Administration for Children & Families. Washington, DC. [Online]. Available: <http://www.acf.hhs.gov/programs/cb/publications/cm02/index.htm> [Retrieved 2004, April 27].



Exposure to alcohol and other drugs in utero can disrupt and significantly impair the way a baby's brain is formed. Shore, 1997

Malnutrition, both before and during the first few years after birth, has been shown to result in stunted brain growth and slower passage of electrical signals in the brain. Pollitt & Gorman, 1994; Shonkoff & Phillips, 2000 These effects on the brain are linked to cognitive, social, and behavioral deficits with possible long-term consequences. Karr-Morse & Wiley, 1997

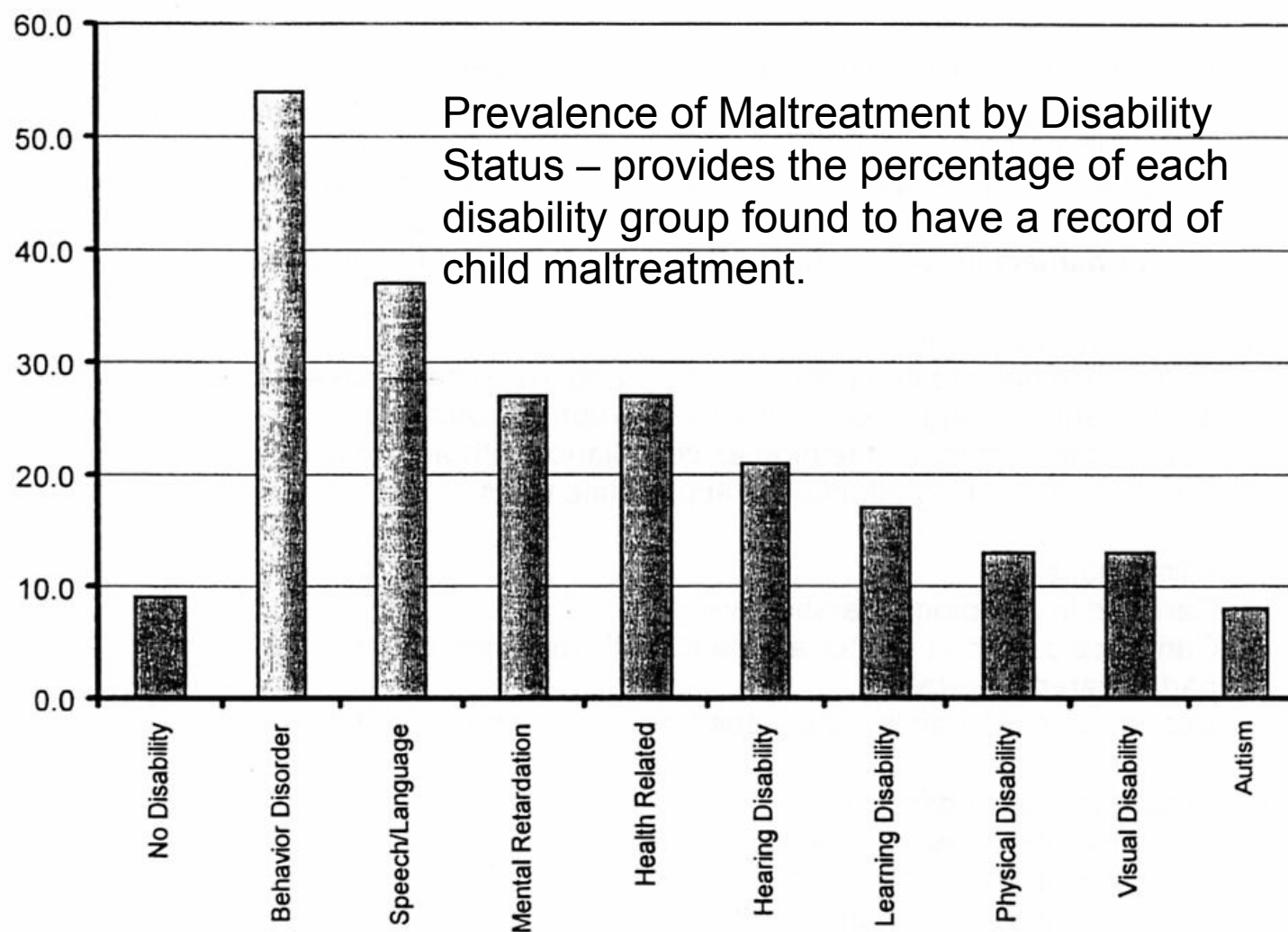


Children with disabilities are more at risk for maltreatment than children without disabilities.





Studies have found that neglect was the most common form of maltreatment for children with disabilities.



For all disabilities, with the exception of autism, the prevalence rate of maltreatment significantly exceeded the 9% rate obtained for children without an educationally relevant disability.

Sullivan & Knutson 2000, 1262 Advocacy in Action: Health Professionals Response to the Abuse and Neglect of Children with Disabilities-National Teleconference –April 25, 2002 Partnership for People with Disabilities at Virginia Commonwealth University, Ann Cox, PhD, RN, FAAN, PI and Bernice Allen, MS, RN Program Specialist for teleconference. Supported in full by Project # 1 T21 MC00089 01 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.



Children with disabilities are more at risk of abuse and neglect than children without disabilities. The factors that place these children at higher risk include factors that place all children at risk of maltreatment, in addition to other risk factors that are more directly related to disabilities.

These include:

- Societal attitudes about disabilities
- Peoples' reactions to, and interactions with, children with disabilities (including family members and non-family caregivers)
- Factors that relate to the disability itself
- Program policies and procedures governing the care of children by others



The Child Abuse Prevention and Treatment Act (CAPTA) is one of the key pieces of legislation that guide child protection.

CAPTA was most recently reauthorized on June 25, 2003, by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36).

The child protection system is required to notify Part C IDEA early intervention systems of children ages birth to three years when a substantiated case of child abuse and neglect has been made.

The Child Abuse and Treatment Prevention Act as Amended by the Keeping Families and Children Safe Act of 2003. (2003). U.S. Department of Health and Human Services. Administration for Children and Families. Administration on Children, Youth and Families. Children's Bureau. Office on Child Abuse and Neglect. [Online]. Available: http://www.acf.hhs.gov/programs/cb/laws/capta03/capta_manual.pdf [Retrieved 2004, April 28].



The Department of Children's Services responds to over 37,000 reports of child abuse and neglect a year.

Every day,
more than
100
children are
reported
abused or
neglected in
Tennessee.



Child abuse and neglect occurs when a child is mistreated resulting in injury or risk of harm. Abuse can be:

- Physical
- Verbal
- Emotional
- Sexual

Physical Abuse is defined as non-accidental physical trauma or injury inflicted by a parent or caretaker on a child. It also includes a parent's or a caretaker's failure to protect a child from another person who perpetrated physical abuse on a child. In its most severe form, physical abuse is likely to cause great bodily harm or death.



Physical Neglect is defined as the failure to provide for a child's physical survival needs to the extent that there is harm or risk of harm to the child's health or safety.

This may include, but is not limited to, abandonment, lack of supervision, life-endangering physical hygiene, lack of adequate nutrition that places the child below the normal growth curve, lack of shelter, lack of medical or dental care that results in health-threatening conditions, and the inability to meet basic clothing needs of a child.

In its most severe form, physical neglect may result in great bodily harm or death.



Sexual Abuse includes penetration or external touching of a child's intimate parts, oral sex with a child, indecent exposure or any other sexual act performed in a child's presence for sexual gratification, sexual use of a child for prostitution, and the manufacturing of child pornography.

Child sexual abuse is also the willful failure of the parent or the child's caretaker to make a reasonable effort to stop child sexual abuse by another person.



Emotional Abuse includes verbal assaults, ignoring, indifference, or constant family conflict. If a child is degraded enough, the child will begin to live up to the image communicated by the abusing parent or caretaker.



Child abuse can happen anywhere – in poor, middle-class, or well-to-do homes – in rural or urban areas.



According to Tennessee law, all persons (including doctors, mental health professionals, child care providers, dentists, family members, and friends) must report suspected cases of child abuse or neglect.

Failure to report child is a violation of the law. If you believe a child has been abused or neglected, call the county Children's Services office, the juvenile court, or the chief law enforcement officer in your area.

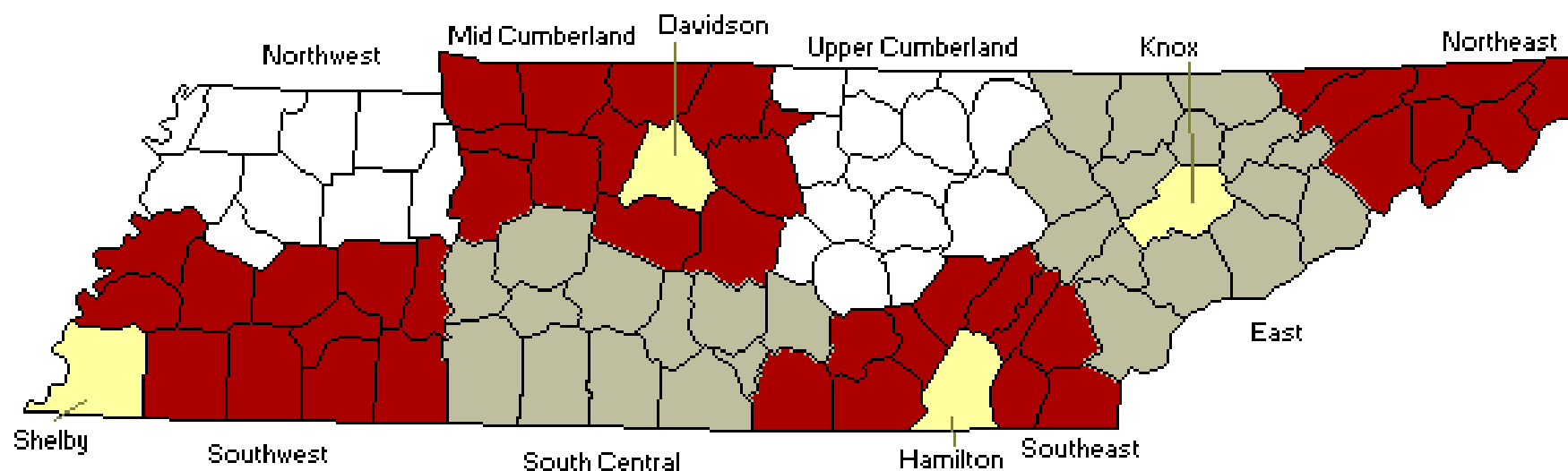
Tennessee has 24 hour availability for reporting child abuse or neglect.



To retrieve a current phone directory for local Children's Services offices visit:

http://www.state.tn.us/youth/cps/CPS_numbers.htm

Choose your county from the map for contact numbers in your area.





Possible Indicators of Abuse and Neglect:

- The child has repeated injuries that are not properly treated or adequately explained.
- The child begins acting in unusual ways ranging from disruptive and aggressive to passive and withdrawn.
- The child acts in the role of parent toward their brothers and sisters or even toward their own parents.
- The child may have disturbed sleep (nightmares, bedwetting, fear of sleeping alone, needing a nightlight).

21



Possible Indicators of Abuse and Neglect:

- The child loses his/her appetite, overeats, or may report being hungry.
- There is a sudden drop in school grades or participation in activities.
- The child may act in stylized ways, such as sexual behavior that is not normal for his/her age group.
- The child may report abusive or neglectful acts.



Parents who abuse or neglect their children may show some common characteristics:

- Possible drug/alcohol history
- Disorganized home life
- May seem to be isolated from the community and have no close friends
- When asked about a child's injury, may offer conflicting reasons or no explanation at all
- May seem unwilling or unable to provide for a child's basic needs
- May not have age-appropriate expectations of their children
- May use harsh discipline that is not appropriate for child's age or behavior
- Were abused or neglected as a child



Parents who abuse their children need help, but few are able to admit the problem and seek assistance. More than 85 percent of the perpetrators of child abuse and neglect in Tennessee were the parents or relatives of the victims.

Staff of school, child care settings, or institutions were reported to be the perpetrators in only two percent of the investigation. Adolescents as well as adults can be perpetrators of abuse.



The Referral Process:

When a person notifies the Department of Children's Services (DCS) regarding possible abuse or neglect of a child, DCS case managers determine how quickly to proceed with an investigation by assessing the referral information and focusing on the present and future risks to the child.

This process involves accepting oral or written allegations of child abuse or neglect for further investigation, gathering the information to determine the need for Child Protective Services (CPS) and the urgency of the situation, and initiating the appropriate response and an investigative plan.



DCS accepts reports of child maltreatment provided it meets the following three criteria:

- The report pertains to a child under the age of 18 years.
- The report alleges harm or imminent risk of harm to the child.
- The alleged perpetrator is:
 - A parent or caretaker;
 - A relative or other person living in the home;
 - An educator, volunteer, or employee of a recreational or organizational setting who is responsible for the child; or
 - An individual providing treatment, care, or supervision for the child.



DCS accepts all referrals involving sexual abuse of children under the age of 13 years regardless of the previous relationship between the alleged victim and the alleged perpetrator.

DCS does not investigate sexual abuse allegations of a child 13 to 18 years old by an alleged perpetrator who does not have a relationship with the child, as defined above, unless the child is in the Department's custody. DCS may assist law enforcement or the district attorney's office in such cases.



Information needed when reporting:

Nature of the harm or specific incident/s that precipitated the report

- Specific allegation, date, and description of the injuries or dangers
- Identity of alleged perpetrator and their relationship to the victim
- Witnesses to the incident and how to reach those witnesses
- Details of any physical evidence available
- Perpetrator's current access to the child
- Present condition of the child (alone, in need of medical attention, etc.)



- The location of the child and directions to get there
- Any statements from the child

Parent's or perpetrator's explanation of the alleged child victim's condition or the incident

Parent's current emotional, physical or mental state, especially feelings about the child and reactions to the report

How the reporter came to know the information and the reporter's thoughts about the likelihood of further harm to the child



These are just several examples of the questions that may be asked when reporting abuse or neglect. The reporter's identity is confidential, but a name should be given so DCS could make follow-up contact with the reporter if necessary.

The reporter is free from civil or criminal liability for reports of suspected child abuse or neglect made in good faith.



In general, children who have been abused or neglected need nurturance, stability, predictability, understanding, and support.

Intensive, early interventions are key to minimizing the long-term effects of early trauma on children's brain development.

Committee on Early Childhood, Adoption and Dependent Care, 2000.



Maltreatment of individuals with disabilities may be committed by only a few, but the responsibility to protect them belongs to us all.

Mitchell & Buchele-Ash, 2000, p.239